MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

665
43.
3007

STATE FILE NUMBER: =62-010041

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 665

FILED APR 2 1962

DO NOT WRITE ON THIS STUB | **AMENDED**

VS 300 Rev. 4/59

- 1: 0128
- 2: 0120
- 3:
- 4: 0
- 5: 1
- 6:
- 7: 0
- 8: 0
- 9: 7954
- 10:
- 11:
- 12: 92-8
- 13: 1-0

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff
Length of stay in 1b: -----
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. Poplar Bluff Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN: Qulin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: BEN
Middle: FRANKLIN
Last: BRENT

4. DATE OF DEATH
Month: March
Day: 23
Year: 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 19, 1902
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Qulin, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Brent
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Alta Brent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Alta Brent
Address: Qulin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Death assumed to be from natural causes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 1:20 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thelma Graham (Degree or title) Local Registrar
22b. ADDRESS: 801 Arthur St Poplar Bluff, Mo.
22c. DATE SIGNED: 3/23/1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 25, 1962
23c. NAME OF CEMETERY OR CREMATORY: Qulin Cemetery
23d. LOCATION (City, town, or county): Qulin (State) Missouri

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo.
25. DATE RECD. BY LOCAL REG.: 3/23/1962
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Christine Landers Beall_
　　　　　Signature of Student Embalmer

Licensed Embalmer No. _4227_

P. O. Address _Campbell, Mo._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

　　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

　　　If this body is not embalmed, fact should be so stated above.